

# VSH Quality Council Meeting Minutes

Meeting Date: January 28, 2009

Time: 10:30 a.m.

**Type of meeting:** Quality Council Meeting

**Facilitator:** Scott Perry

**Note taker:** Scott Perry

**Attendees:** Patrick Kinner; Anne Jerman; Terry Rowe; MD; David Mitchell; Elliott Benay; Sarah Merrill; Tommie Murray

## AGENDA TOPICS:

### Intervention to reduce Emergency Involuntary Procedures and employee and patient injuries following the September 2008 Council Meeting

In the period following the September 2008 Quality Council Meeting, the Department of Nursing introduced on Brooks 1 the Violence Prevention Community Meeting (VPCM), a systemic intervention intended to contribute to the reduction of injuries to employees and patients, and also intended to contribute to a reduction in the use of emergency involuntary procedures.

Quality has compiled baseline data on employee injuries and the use of emergency involuntary procedures on Brooks 1, and will continue to track and analyze data on these variables as this intervention develops, and VPCMs are introduced on B1 evening shift and extended to the other inpatient units.

### Other activities pertaining to reducing employee and patient injuries

Ed Riddle, Alternatives to Seclusion/Restraint Coordinator, in November began interviewing members of the staff who have reported an injury sustained while providing care to patients; in order to increase understanding of these events, and to consider ways to reduce the likelihood of such injuries occurring in the future.

### Review of data on emergency involuntary procedures

The Quality Council reviewed patterns and trends in the data on emergency involuntary procedures (EIP). There has been an increase in the number of EIPs occurring in the hospital during December 2008-January 2009. An analysis of trends and patterns in this data was provided by Quality for discussion, questioning, and to set directions for further investigation and action. The weekly Data Review Meeting will become the setting for further ongoing investigation and problem solving in relation to EIPs.

### Other interventions and plans pertaining to emergency involuntary procedures

Audit: 100% CON documentation

Purpose:

1. To provide individual practitioners feedback related to rationale documenting reason for EIP in order to provide rapid-cycle education and guidance
2. To provide individual practitioners feedback related to all elements of documentation being accurate
3. To provide the organization a data base to track / trend all CONs in order to identify opportunities for improvement.

On December 1, 2008, the Quality Department began auditing RN and MD documentation on 100% of CONs for emergency involuntary procedures. Results of this quantitative and qualitative audit are being provided directly to the members of clinical treatment staff directly involved in documenting on the CONs. These results include direct feedback regarding the quality of the documented assessments, with acknowledgement of effective documentation, as well as specific suggestions for improvement whenever needed, too each clinician involved. Leaders of the respective disciplines also receive copies of these audits.

Quality is aggregating the results of these audits, will identify trends and patterns, and will provide analyses of the audit data to be shared with the Leadership Team and member of the clinical treatment staff, to assist in identifying opportunities for systemic interventions leading to improvements: higher quality documentation, and gradual reductions in the use of emergency involuntary procedures. Reductions in the use of emergency involuntary procedures has correlated with reductions in injuries to employees in a number of psychiatric facilities.

Meeting adjourned

Respectfully submitted,

Scott Perry